Complete Summary

GUIDELINE TITLE

Adapting your practice: treatment and recommendations for homeless children with otitis media.

BIBLIOGRAPHIC SOURCE(S)

Creaven BK, Brodie L, Joseph SP, O'Dea K, Schultz B, Post P. Adapting your practice: treatment and recommendations for homeless children with otitis media. Nashville (TN): Health Care for the Homeless Clinicians' Network, National Health Care for the Homeless Council, Inc.; 2008. 29 p. [60 references]

GUIDELINE STATUS

This is the current release of the guideline.

This guideline updates a previous version: Bonin E, Brammer S, Brehove T, Hale A, Hines L, Kline S, Kopydlowski MA, Misgen M, Obias ME, Olivet J, O'Sullivan A, Post P, Rabiner M, Reller C, Schulz B, Sherman P, Strehlow AJ, Yungman J. Adapting your practice: treatment and recommendations for homeless children with otitis media. Nashville (TN): Health Care for the Homeless Clinicians' Network, National Health Care for the Homeless Council, Inc.; 2003. 24 p.

**** REGULATORY ALERT ****

FDA WARNING/REGULATORY ALERT

Note from the National Guideline Clearinghouse: This guideline references a drug(s) for which important revised regulatory and/or warning information has been released.

- April 14, 2009 - Rocephin (ceftriaxone sodium): The U.S. Food and Drug Administration (FDA) notified healthcare professionals of an update to a previous alert that addresses the interaction of ceftriaxone with calcium-containing products, based on previously reported fatal cases in neonates. Based on the results from recent in vitro studies, FDA now recommends that ceftriaxone and calcium-containing products may be used concomitantly in patients >28 days of age, using the precautionary recommendations noted because the risk of precipitation is low in this population. FDA had previously recommended, but no longer recommends, that in all age groups ceftriaxone and calcium-containing products should not be administered within 48 hours of one another.

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

Otitis media in homeless children

GUIDELINE CATEGORY

Diagnosis
Evaluation
Management
Prevention
Treatment

CLINICAL SPECIALTY

Family Practice
Otolaryngology
Pediatrics
Speech-Language Pathology

INTENDED USERS

Advanced Practice Nurses
Health Care Providers
Nurses
Physician Assistants
Physicians
Public Health Departments
Social Workers
Speech-Language Pathologists

GUIDELINE OBJECTIVE(S)

- To promote continuing improvement in the quality of care provided to children in displaced families, whose lack of financial and social resources complicate the treatment and self-management of their illness
- To offer helpful guidance to primary care providers in order to improve the quality of care for disadvantaged children with acute ear infection or effusion and outcomes of that care

TARGET POPULATION

Homeless children with otitis media

INTERVENTIONS AND PRACTICES CONSIDERED

Diagnosis/Evaluation

1. Patient history, (i.e., current housing, exposures to respiratory infection/smoke, breast or bottle feeding, ear discomfort disturbing sleep, hearing difficulties/delayed speech, school/social issues, prior ear infections/comorbidities, allergic reactions)
2. Physical examination, including otologic and dental examinations
3. Diagnostic tests appropriate for use in outreach settings, including pneumatic otoscopy (typanometry/acoustic reflectometry if available) and hearing screening

Management/Treatment/Prevention

1. Patient education and self-management, including treatment instructions, indicators of need for follow-up, exploration of potential follow-up barriers, and prevention of future ear infections
2. Medications including pain management, antibacterial treatment (if indicated), and immunization against pneumococcal disease
3. Management of associated problems and complications including hearing problems, speech delays, and barriers to follow-up care (lack of transportation, financial barriers, unstable housing, lack of medical home)
4. Follow-up, including use of outreach/case management to facilitate return visits

MAJOR OUTCOMES CONSIDERED

- Incidence/prevalence of otitis media among sheltered homeless children
- Hearing loss/speech delays related to chronic ear infections
- Regular source of primary care
- Financial barriers for homeless families
- Health disparities between homeless and general U.S. populations

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Hand-searches of Published Literature (Secondary Sources)
Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

2008 Guideline

Searches of MEDLINE/PubMed, Medscape, the AHRQ website, SocABS, PsycInfo, and HCH Research Updates prepared quarterly by the National Health Care for the Homeless Council (available at http://www.nhchc.org/researchupdates.html.

NUMBER OF SOURCE DOCUMENTS

This guideline is adapted from two primary sources.

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Expert Consensus

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Members of the Advisory Committee for the Adaptation of Clinical Guidelines for Homeless Children with Otitis Media discussed results of the literature review and determined which findings were of particular significance in the care of children experiencing homelessness. A specialist in pediatric otolaryngology was consulted to assure that the practice adaptations recommended in the revised guideline are consistent with current clinical practice standards.

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Recommendations for the care of homeless children with otitis media were initially developed in 2003 by primary care providers working in homeless health care across the United States. A second advisory committee, convened in 2008, reviewed and revised these recommended practice adaptations to assure their consistency with current clinical standards for the diagnosis and management of

otitis media and with best practices in homeless health care. These clinicians represent several of the Health Care for the Homeless (HCH) projects that participated in the development of the first edition of these adapted clinical guidelines.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

External Peer Review
Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Drafts of the guideline document were reviewed by an outside reviewer prior to publication (see "Acknowledgements" section of the original guideline document.)

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Diagnosis & Evaluation

History

- **Housing & medical home** – At every visit, document patient's housing status and living conditions, list barriers to treatment, and inquire about regular source of primary care.
- **Exposure to viral illness** – Inquire about congregate living situations (shelters, daycare) and recent exposure to people with upper respiratory infections (colds, flu).
- **Exposure to smoke** – Ask if anyone in regular contact with the child smokes, whether mother smoked during pregnancy. Ask about passive exposure to marijuana, cocaine.
- **Breast vs. bottle feeding** – Ask if infant is being breastfed or bottle fed; if the latter, does infant drink from bottle while lying on back? Explore stresses in parent's life that may interfere with adequate attention to infant.
- **Sleep disturbance** – Ask if ear discomfort interrupts child's sleep (and that of others in the shelter/household).
- **Hearing difficulties, delayed speech** – Ask when child's hearing was last screened; elicit information about possible hearing difficulties (trouble listening?) and speech delays (speak as well as peers?). Consider other causes of developmental delay (premature birth, weak parenting skills).

- **Social development/behavior** – Inquire about child's interaction with family members and behavior at daycare/school. Explore possible causes of behavior problems besides hearing loss (stress, feeling ostracized, family violence).
- **Missed school** – Ask about missed school days due to ear discomfort or other illness.
- **Prior ear infections/treatment** – Ask about number and treatment of past ear infections, symptoms and duration of current complaint, and whether child has received full course of any antibiotic treatments.
- **History of allergies** – Ask about allergic reactions (asthma, rhinitis, sinusitis); recognize that homeless children are 3-6 times more likely than other children to have asthma.
- **Other medical history** – Ask about medical conditions common to homeless people that may directly or indirectly affect the child's health (anemia, obesity, lead toxicity, tuberculosis [TB], sexually transmitted diseases [STDs], behavioral health problems, human immunodeficiency virus [HIV]). Review immunization record. Ask about medications/complementary and alternative medicine therapies (CAM) the child has received for ear infections or other reasons.

Physical Examination

- **General** – Perform a complete pediatric exam at every visit. Whatever the chief complaint, use each visit as opportunity to identify and address all problems, recognizing that homeless families may not see a medical provider unless their child is sick.
- **Otologic examination** – Thoroughly examine tympanic membranes; evaluate for acute otitis medica (AOM), otitis media with effusion (OME). To remove cerumen, consider use of curette instead of hydrogen peroxide drops, which require multiple return visits. In evaluating ear pain, consider possibility of a foreign body in the ear.
- **Dental examination** – Evaluate for dental caries and other oral health problems that may cause ear pain. (Homeless families often have unmet dental health needs.)

Diagnostic Tests

- **Pneumatic otoscopy/tympanometry/acoustic reflectometry** – Consider cost-effectiveness, accuracy, availability, and ease of use on outreach in selecting a device to confirm diagnosis of AOM/OME. Pneumatic otoscopy is recommended if other diagnostic technologies are unavailable to the provider.
- **Hearing screening** – Perform routine audiometric screening at every visit. If hearing loss is suspected, refer to audiologist. Be aware that hearing screening is among the services to which children on Medicaid are entitled (most homeless children qualify for Medicaid).

Plan & Management

Education, Self-Management

- **Incidence** – Inform parent/caregiver that children 6-24 mos. old have highest risk of ear infections. Explain relationship of AOM in infants to

previous upper respiratory infections (URIs); stress importance of vaccinations (*Haemophilus influenzae* type B [HIB], 7-valent pneumococcal conjugate vaccine [PCV-7]) to prevent URIs.

- **Signs & symptoms** – Specify signs and symptoms of otitis media (OM) requiring immediate visit to a medical provider: ear pain, irritability, ear drainage, fever, pulling/rubbing ear. Instruct parent/caregiver to follow up with a primary care provider (PCP) if symptoms worsen within first 24-72 hrs after treatment. Work with case manager/shelter-based nurse to expedite follow-up care.
- **Management** – Urge families to discuss potential follow-up barriers with PCP (financial, transportation, geographical, limited time off from work, behavioral health problems, family stressors). Assist in resolution of identified barriers and weigh these factors in deciding whether to "wait and observe" or prescribe antibiotics for AOM in a homeless child. Assess parent/caregiver's ability and resources to participate in the plan of care.
- **Risks of delayed/interrupted treatment** – Explain risks to hearing, speech, emotional development, school performance from chronic, serious ear infections.
- **Prevention** – Explain what parent/caregiver can do to reduce child's susceptibility to future ear infections:

  Breastfeeding: Prevents/reduces severity of OM (if no contraindications). Provide lactation guide at shelters, drop-in centers, meal sites used by homeless families.

  Prop baby, not bottle: Hold baby's head at 45-degree angle to prevent fluid from flowing into eustachian tubes. (Refer to the Special Supplemental Nutrition Program for Women, Infants, and Children [WIC], where available, if formula feeding.)

  Smoke-free environment: Passive smoking increases frequency of ear infections. Recommend smoking cessation program for parent or harm reduction—(i.e., reduce child's exposure to second-hand smoke [by smoking outdoors, wearing removable apparel, washing hands before holding child]).

  Prevent URIs: Frequent hand washing to prevent spread of viral infections in congregate settings. Have child fully immunized against pneumococcal disease.

- **Antibiotics** – Urge completion of all antibiotics as prescribed (don't stop when symptoms cease or use for next infection). Provide measuring device. Explain why use of leftover/borrowed medication is never recommended and why meds should *not* be placed in a baby bottle. Address safe storage and how to manage refrigeration if required.
- **After hours** – Instruct parent/caregiver what to do and number to call if problems arise when clinic is closed.

Medications

- **Antibiotics** – Prescribe only for AOM; if close follow-up is not assured, treat immediately instead of waiting for spontaneous resolution of infection. (For

chronic OME with suspected hearing loss, refer to ear, nose, and throat specialist [ENT].)

- **Simple regimen** – Prefer shorter courses of inexpensive antibiotics with once daily dosing (if clinically indicated) that do not require refrigeration and are easily tolerated. Use intramuscular delivery as a last resort. Consider use of capsules for children over age 5 (can be opened and sprinkled in food if necessary).
- **Prescriptions** – If patient does not have health insurance, provide assistance in applying for Medicaid/State Children's Health Insurance Program (SCHIP), charity care, patient assistance programs, or 340B Pharmaceutical Discount program.
- **Gastrointestinal (GI) upsets** – Prescribe medications with minimal GI side effects, recognizing difficulties homeless families have in managing diarrhea and maintaining hydration (limited access to diapers, clean water, bathing facilities).
- **Pain management** – Recognize that pain management during the first 24 hours of an acute ear infection is important, whether antibacterial treatment is used or not. Mobility of homeless families often delays pain management; a crying child increases stress for families struggling to cope with the inordinate stresses of homelessness.
- **Aids to adherence** – Be sure instructions for administrating medication and dosing intervals are understood and that parent/caregiver can read prescription labels and educational materials. Provide aids to assure accurate dosing (chart, measuring device).
- **Immunization** – Immunize infants and young children against pneumococcal disease (PCV7) to reduce risk for OM.

Associated Problems, Complications

- **Congregate living** – increases risk of exposure to viral infections and incidence of OM. Educate families about preventive measures.
- **Parental smoking** – increases risk of OM in children exposed to secondhand smoke. Refer parent to smoking cessation program; assess readiness to change.
- **Hearing problems** – secondary to multiple/chronic ear infections may affect child's attachment to parent and emotional and social development. Screen hearing routinely; refer to audiologist/ENT specialist as needed.
- **Speech delays** – exacerbated by ear infections in homeless children (who may have delayed social and verbal skills unrelated to OM). Refer to speech pathologist as needed.
- **Lack of transportation** – can impede access to specialty care. Help with transportation to needed health services.
- **Financial barriers** – lack of health insurance or resources to make co-payments impeding access to prescription medications. Help family apply for entitlements (Medicaid/SCHIP) and reduced-cost drugs through patient assistance programs.
- **Poor adherence** – due to misunderstanding of instructions, difficulty administering meds while patient is in childcare or school, parental problem that interferes with treatment (mental illness, addiction). Assess parent's capacity to understand instructions and follow through with treatment; help parent obtain assistance if needed.

- **Familial stress** – homelessness exacerbated by acute/chronic illness. Facilitate access to stable housing, supportive services, and other resources (through childcare centers, schools).

Follow-up

- **Primary care** – Help family find regular source of primary care, apply for medical assistance, and identify housing alternatives. Provide care until they find stable housing and a PCP that meets their needs. If child already has a PCP, refer immediately; facilitate transportation and share information about family's living situation and special needs. Obtain family's consent for release of information.
- **Frequency** – Follow-up care from a PCP in 5–7 days or less after initial treatment for AOM, depending on severity; if infection has not improved in 48–72 hours, consider change in medication. PCP follow-up for otorrhea >2 weeks duration. Follow-up for OM with sterile effusion in 2–3 months; referral to ENT if fluid persists.
- **Specialty referrals** – Develop referral arrangements with specialists willing to accept Medicaid patients or provide *pro bono* care, recognizing that homeless children require access to professionals in multiple clinical disciplines.

  Refer to ***audiologist/speech pathologist*** if there is hearing loss, balance problem, speech delay, sleep disorder with effusion, chronic infection, or if speech/hearing milestones are unclear

  Refer to ***ENT specialist*** if chronic OM is suspected, to evaluate need for myringotomy and pressure equalizing tube placement (thresholds for surgery: fluid with hearing loss for 3 mos. or 5-6 episodes OM within 6 mos.)

- **Case management** – Involve social worker/ case manager/ shelter nurse to facilitate return visits.
- **Outreach** – Coordinate medical care with an outreach worker; work closely with daycare staff to promote preventive measures.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The recommendations were based on a comprehensive review of published reports and consensus opinion of the group regarding their relevance to the care of homeless children.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

- Appropriate care for homeless children with otitis media
- Prevention of hearing loss/developmental delays secondary to chronic ear infections

POTENTIAL HARMS

- Drug-resistant infections secondary to improper use of antibiotics.
- Some antibiotics might cause gastrointestinal side effects (e.g., diarrhea) that are more difficult for homeless families to manage.

CONTRAINDICATIONS

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Mothers who are actively using amphetamine, cocaine, heroin, or phencyclidine should not be encouraged to breastfeed their infant. Breastfeeding is not recommended for human immunodeficiency virus (HIV)-positive mothers if there is a safe alternative – (i.e., if infant formula is available, if there is access to clean water to prepare formula milk and cleanse bottles and nipples, if refrigeration is available to store prepared formula, and if mother has ability to manage formula feeding with appropriate hygiene).

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

The information and opinions expressed in the guideline are those of the Advisory Committee for the Adaptation of Clinical Guidelines for Homeless Patients with Otitis Media, not necessarily the views of the U.S. Department of Health and Human Services, the Health Resources and Services Administration, or the National Health Care for the Homeless Council, Inc.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

The guideline has been distributed to clinicians who provide health care to homeless children across the United States, including those working in Health Care for the Homeless (HCH) projects that receive support from the Health Resources and Services Administration's (HRSA) Health Center Program. In addition, links to the document are posted on the Web site maintained by the National Health Care for the Homeless Council at: www.nhchc.org/practiceadaptations.html. Adapted clinical guidelines developed by the HCH Clinicians' Network, including this one, are also used in workshops at national and regional conferences attended by clinicians working in homeless health care, including the National HCH Conference & Policy Symposium, which is provided annually under a cooperative agreement with HRSA/Health and Human Services (HHS).

IMPLEMENTATION TOOLS

Personal Digital Assistant (PDA) Downloads
Pocket Guide/Reference Cards

For information about availability, see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better
Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Creaven BK, Brodie L, Joseph SP, O'Dea K, Schultz B, Post P. Adapting your practice: treatment and recommendations for homeless children with otitis media. Nashville (TN): Health Care for the Homeless Clinicians' Network, National Health Care for the Homeless Council, Inc.; 2008. 29 p. [60 references]

ADAPTATION

This is a guideline adapted from the following sources:

- American Academy of Family Physicians, American Academy of Otolaryngology-Head and Neck Surgery, and American Academy of Pediatrics Subcommittee on Otitis Media With Effusion. (2004). Otitis Media With Effusion: Clinical Practice Guideline. Pediatrics; 113(5): 1412–1429. http://aappolicy.aappublications.org/cgi/content/abstract/pediatrics;113/5/1412
- American Academy of Pediatrics, American Academy of Family Physicians Subcommittee on Management of Acute Otitis Media (2004 May). Diagnosis and Management of Acute Otitis Media: Clinical Practice Guideline. Pediatrics 113(5): 1451–1465. http://www.aafp.org/online/etc/medialib/aafp_org/documents/clinical/clin_recs/otitismedia.Par.0001.File.dat/final_aom.pdf

DATE RELEASED

2003 (revised 2008)

GUIDELINE DEVELOPER(S)

Health Care for the Homeless (HCH) Clinician's Network - Medical Specialty Society
National Health Care for the Homeless Council, Inc. - Private Nonprofit Organization

SOURCE(S) OF FUNDING

Health Resources and Services Administration

U.S. Department of Health and Human Services

GUIDELINE COMMITTEE

Advisory Committee for the Adaptation of Clinical Guidelines for Homeless Children with Otitis Media

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

The Health Care for the Homeless Clinicians' Network, which oversaw development of this guideline, has a stated policy concerning conflict of interest. First, all transactions will be conducted in a manner to avoid any conflict of interest. Secondly, should situations arise where a member is involved in activities, practices or other acts which conflict with the interests of the Network and its Membership, the member is required to disclose such conflicts of interest, and excuse him or herself from particular decisions where such conflicts of interest exist.

No conflicts of interest were noted during preparation of this guideline.

GUIDELINE STATUS

This is the current release of the guideline.

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GUIDELINE AVAILABILITY

Electronic copies: Available in Portable Document Format (PDF) from the National Health Care for the Homeless Council, Inc. Web site.

Print copies: Available from the National Health Care for the Homeless Council, Inc., P.O. Box 60427, Nashville, TN 37206-0427; Phone: (615) 226-2292

AVAILABILITY OF COMPANION DOCUMENTS

Abbreviated versions of this and other adapted clinical guidelines for the care of homeless patients are available for download to hand-held devices from the National Health Care for the Homeless Council Website.

The National Health Care for the Homeless Council has developed a variety of resources to support health care providers in their service to persons experiencing homelessness. These resources are available for purchase as well as free download from the National Health Care for the Homeless Council Website.

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI on May 24, 2004. The information was verified by the guideline developer on June 24, 2004. This summary was updated by ECRI Institute on October 3, 2007 following the U.S. Food and Drug Administration (FDA) advisory on Rocephin (ceftriaxone sodium). This NGC

summary was updated by ECRI Institute on April 3, 2009. The updated information was verified by the guideline developer on April 27, 2009.

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